

### **Medicaid Newborn Coverage at Birth and During the Hospitalization**

The following information provides clarification regarding hospital coverage of newborns in managed care.

- Newborns always receive initial coverage from his/her mother's payer {fee-for-service (FFS)/managed care organization (MCO)}.
- If the baby is born to a FFS mother, the baby must receive their own Medicaid ID number before the baby's claim can be submitted for payment.
- If the baby is born to a Medicaid mother covered by a Medicaid MCO, there is a three calendar month guaranteed period of coverage (birth month plus next two months) for the newborn under the mother's MCO. For example, a baby born any day in February will be enrolled with the mother's contracted MCO until April 30. Hospitals will bill the mother's MCO for the three-month guaranteed period of coverage or for the period of time the infant is hospitalized if less than the guaranteed period.
- If a newborn has not received a Medicaid identification number at the end of the guaranteed period of coverage, the newborn will be disenrolled from Medicaid (and the MCO if applicable) at the end of the third calendar month.
- If the newborn continues to be hospitalized beyond the end of the guaranteed period of coverage, the MCO will not have further liability beyond the guaranteed period of coverage if reimbursement is on a per diem payment methodology. If the payment methodology is based on DRG reimbursement, the MCO will have responsibility until the case (hospitalization) is ended.
- Upon receipt of the Medicaid identification number, eligibility will be retroactive back to the date of birth. The hospital will bill the MCO for the first three months and Medicaid FFS for the remainder of the hospitalization, if reimbursement is based on a per diem payment methodology.
- Exception - If a newborn receives a Medicaid identification number within the guaranteed period of coverage, the infant can be enrolled into a different MCO during this time. For example, a baby born on February 2 who receives a Medicaid identification number on February 15 could be enrolled in another contracted MCO effective April 1. The hospital will bill the first MCO for February and March and the second MCO for the remainder of the hospital stay, beginning April 1.
- Hospitals can help facilitate a newborn getting a Medicaid identification number. Immediately after birth, hospitals should complete the Newborn Eligibility Report ([DMAS 213 – Hospital Manual, Chapter 111, Exhibits](#)) and send it to the local department of social services (DSS) office.
- DMAS regulations prohibit newborns continuously hospitalized and in FFS from being enrolled in an MCO. DMAS relies on hospitals reporting those individuals hospitalized on the first of the month. The Managed Care Unit uses these reports to disenroll those individuals moving into an MCO.

- Hospitals are able to verify enrollment through the DMAS Automatic Voice Response System (AVRS), the Internet, the Provider Helpline and the MCO.

MMitchell  
07/07/05

**REPORT OF OVERNIGHT MEDICAID OR MCO/MEDICAID PATIENTS**  
**ON LAST DAY OF THE MONTH**

<b>Hospital:</b>	_____
<b>Contact Person:</b>	_____
<b>Telephone #:</b>	_____
<b>Fax #:</b>	_____

Patient Name	Date of Admission/Date of Discharge	Date of Birth	SSN #:	Medicaid I.D. #:	MCO (If Known)

Please fax this report on the first day of each month to the attention of Carolyn Peete.

Phone: 804-225-4793  
Fax: 804-786-5799